SEAMAN CRYSTAL D O/P
479251 HITCHUM O D MD
DOB-03/09/70 33 MALE
00/00/00

OP-SURG

Wiregrass Medical Center
1200 W. Maple Avenue
Geneva, Alabama 36340

CONDITIONS FOR TREATMENT

1. **MEDICAL AND SURGICAL CONSENT FOR TREATMENT:** The undersigned hereby authorizes WIREGRASS MEDICAL CENTER to furnish the necessary treatment, surgical procedures, anesthesia, x-ray examinations or treatments, drugs and supplies as may be ordered or requested by the attending physician(s). The undersigned acknowledges that no guarantee or assurance has been made as to the results of treatment, surgery or examinations in the hospital. The undersigned recognizes that all physicians furnishing services to the patient may be independent contractors and are not employees or agents of the Hospital.

2. **RELEASE OF INFORMATION:** The undersigned hereby authorizes WIREGRASS MEDICAL CENTER to release to any insurers, their representatives or other third parties confidential information (including copies of records) relative to this hospitalization. This authorization includes, but is not limited, to the release of information relating to drug, alcohol and or psychiatric treatment as specified in Federal Regulation 42, CFR part 2. I further authorize any physician or institution that attended the patient previously to furnish medical records or information which may be requested by the Hospital or attending physicians.

3. **RELEASE FROM LIABILITY FOR VALUABLES:** I have been made aware the WIREGRASS MEDICAL CENTER provides facilities for the safe keeping of my valuables and therefore, I release the Hospital from any responsibility due to loss or damage of my clothing, money, jewelry, or other items of value that I might keep at my bedside, or that may be brought to me by my friends and relatives.

4. **GUARANTOR AGREEMENT:** The undersigned agrees, whether he signs as agent or patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of the Hospital in accordance with the regular rates and terms of the Hospital. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest at the legal rate.

5. **ASSIGNMENT OF INSURANCE BENEFITS:** In the event the undersigned and/or patient is entitled to Hospital benefits of any type whatsoever arising out of any insurance policy or any other party liable to the patient, such benefits are hereby assigned to WIREGRASS MEDICAL CENTER for application to the patient's bill. It is agreed that the Hospital may receipt for any such payment and such payment will discharge the said insurance company of all obligations under the policy to the extent of such payment. The undersigned and/or patient agrees to be responsible for charges not paid by this assignment.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ OR HAD THE FOREGOING INFORMATION EXPLAINED, HAS RECEIVED A COPY, AND IS THE PATIENT OR IS DULY AUTHORIZED BY THE PATIENT AS PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

Date 6-17- 20 02

Witness

Patient

Patient's Agent or Representative

Relationship to Patient

ASSIGNMENT OF MEDICARE BENEFITS:
PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION, AND PAYMENT REQUEST

"I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services or authorize such physician or organization to submit a claim to Medicare for payment to me. I understand that I am responsible for Part A deductible for each spell of illness, the Part B deductible for each year, the remaining 20% of reasonable charges and any personal charges incurred."

Date | Signature | Relationship to Patient

ACKNOWLEDGEMENT OF MEDICARE

I hereby declare I am a participant in the Medicare Program and I am not enrolled in a health maintenance organization, (H.M.O.), or any other pre-paid group practice. I understand that if it is found that I am a participant in any of the above mentioned practices, I will be considered a self-pay patient required to pay in full immediately.

Date | Signature | Relationship to Patient

WIREGRASS MEDICAL CENTER 1200 W MAPLE AVE GENEVA AL 36340

EMERGENCY ROOM • OUTPATIENT RECORD

PATIENT NUMBER	TYPE	PATIENT NAME	AGE	BIRTHDATE	SEX	M/S	DATE OF SERVICE	TIME	CLERK INIT.
479251	2	SEAMAN CRYSTAL D	33	3/09/1970	M	MW	12/19/03	09:00	SCJ

ADDRESS - LINE 1	ADDRESS - LINE 2	CITY	STATE	ZIP CODE	TELEPHONE
28045 BEULAH CH ROAD		OPP	AL	36467	334-858-5904

PATIENT SSAN	NOTIFY IN CASE OF EMERGENCY - NAME	RELATIONSHIP	ADDRESS	TELEPHONE
236150086	SEAMAN ROBERT	SP	SAME SAMSON AL	334-858-5904

INSURANCE COMPANY	CONTRACT OR GROUP NUMBER	ACCIDENT: DATE	ACCIDENT: PLACE
NATIONAL SECURITY	226150086	ACCIDENT: TIME	ACCIDENT: EVENT

GUARANTOR NAME	GUARANTOR ADDRESS	CITY	STATE	ZIP CODE	GUAR. TELEPHONE
SEAMAN CRYSTAL D	28045 BEULAH CH ROAD	OPP	AL	36467	858-5904

GUARANTOR EMPLOYER	GUARANTOR OCCUPATION	GUAR. EMPLOYER ADDRESS	GUAR. EMPL TELEPHONE
STUDENT MCARTHUR TECH	STUDENT		

PREV. SERVICE	PREV. SERV. DATE	IF MINOR - PARENT NAME	MED. REC. #	ADMITTING/2ND PHYSICIAN
467551	6/02/03		236150086	MITCHUM O /BERANEK ST

CHARGES	X-RAY	LAB	RESP. TH.	PHY. TH.	EKG	I.V.	DRUGS	SUPPLIES	OTHER	M.D.	E.R. RM	TOTAL DUE

AUTHORIZATION FOR TREATMENT, GUARANTEE OF PAYMENT , ASSIGNMENT OF INSURANCE BENEFITS

1. The undersigned has been informed of the emergency treatment considered necessary for the above named patient, and that treatment and procedures will be performed by physicians, members of house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.
2. The undersigned agrees to pay for services rendered by Hospital upon release of patient.
3. I we hereby assign any hospital benefits, sick benefits, injury benefits due to a liability of a Third party, payable by any party, for the above patient, to Hospital unless I pay the account in full upon release of patient.
4. I we hereby authorize the "Administrator of Hospital" to furnish from its records any information requested by the before mentioned insurance companies in connection with the above assignment. I do hereby appoint the "Controller" of Hospital as my lawful attorney to endorse for me any checks made payable to me for benefits or claims collected under the above assignment and to apply any credit balance to any other account I may owe said hospital.

DATE TIME SIGNED PATIENT SIGNED GUARANTOR

CHIEF COMPLAINT (If Accident State How, When, and Where)

TEMP.	PULSE	RESP.	B/P	ALLERGIES	MEDICATIONS - HOME	E.R. PHYSICIAN	TET. TOX.

NURSES NOTES:

NURSE'S SIGNATURE (RN OR LPN)

LAB DATA (Including X-Rays, EKGs, etc.)

PHYSICIAN'S REPORT

28

PLAINTIFF'S EXHIBIT 15b

Blumberg No. 5113

DIAGNOSIS:

TREATMENT:

CONDITION ON DISC: IMP | STABLE | EXPIRED

INSTRUCTIONS TO PATIENT:

FOLLOW-UP WITH M.D.

PATIENT'S SIGNATURE ON DISCHARGE
BY SIGNING HERE I CERTIFY THAT I UNDERSTAND THE FOLLOW-UP INSTRUCTIONS RECEIVED BY ME IN WRITING, WHICH WERE EXPLAINED TO ME.

DATE - TIME OF DISC.

PHYSICIAN'S SIGNATURE

WIREGRASS MEDICAL CENTER
1200 W. MAPLE AVE.
GENEVA, AL 36340

HISTORY AND PHYSICAL

Patient Name: SEAMAN CRYSTAL D
Sex: M Age: 33
Date of Birth: 03/09/1970

Number: 479251
Med Record: 236150086 MR
Type: O/P Room#:

Admit Date: 00/00/00
Disc. Date: 00/00/00
Physician: MITCHUM O D MD
Physician Number: 000700

CHIEF COMPLAINT: ELBOW PAIN

HISTORY: MS. SEAMAN IS A 33 YEAR-OLD WHITE FEMALE WHO HAS PAIN IN HER RIGHT ELBOW, UNIMPROVED WITH CONSERVATIVE TREATMENT WHO PRESENTS FOR ELECTIVE SURGICAL CARE. SHE HAS AN ULNAR NEUROPATHY AT THE ELBOW AND PRESENTS FOR ULNAR NERVE TRANSPOSITION. SHE GIVES A HISTORY THAT ON APRIL 25, 2003, SHE WAS COMING OUT OF THE PIGGLY WIGGLY IN FLORALA, HER BUGGY WHEEL HIT A POT HOLE AND TRIED TO FLIP. SHE FELL AND INJURED HERSELF. SHE HAS HAD PAIN EVER SINCE THAT TIME. SHE UNDERWENT ELECTRODIAGNOSTIC STUDIES WHICH SHOWED A TARDIVE ULNAR NERVE PALSY. SHE HAS SYMPTOMS OF PAIN, NUMBNESS AND TINGLING AND WEAKNESS. SHE PRESENTS FOR ELECTIVE RIGHT ELBOW ULNAR NERVE TRANSPOSITION.

PAST MEDICAL HISTORY:
ALLERGIES: NONE KNOWN.
MEDICATIONS: LORTAB FOR PAIN ON AN AS NEEDED BASIS.
PAST SURGERIES INCLUDE A TUBAL LIGATION IN 1991.
FAMILY HISTORY IS NEGATIVE FOR DIABETES, CANCER AND HEART DISEASE.
SOCIAL HISTORY: SHE IS CURRENTLY A STUDENT. SHE ADMITS TO SMOKING A PACK PER DAY. SHE IS MARRIED AND LIVES IN OPP, ALABAMA.

REVIEW OF SYSTEMS: UNREMARKABLE.

PHYSICAL EXAMINATION: MS. SEAMAN IS 5'9", 260 POUNDS AND APPEARS IN GOOD HEALTH.
HEENT IS BENIGN.
LUNGS ARE CLEAR TO AUSCULTATION.
HEART IS REGULAR RATE AND RHYTHM WITHOUT MURMUR.
ABDOMEN IS SOFT, BENIGN, NON TENDER.
EXTREMITIES: RIGHT ELBOW - SHE HAS FULL RANGE OF MOTION AT THE ELBOW. SHE IS EXQUISITELY TENDER PROXIMALLY ON THE ULNAR SIDE OF THE ELBOW JUST BELOW THE LIGAMENT OF STRUTHERS. SHE HAS A POSITIVE TINEL'S THERE AND A POSITIVE PHALEN SIGN WITH DECREASED SENSATION IN THE RING FINGER DISTALLY. SHE IS NOTED TO HAVE INTACT MOTOR STRENGTH, SENSATION AND PULSES DISTALLY WITH THE EXCEPTION OF THE SMALL FINGER.

IMPRESSION: RIGHT ELBOW ULNAR NEUROPATHY.

PLAN: ADMISSION FOR ELECTIVE RIGHT ELBOW ULNAR NERVE TRANSPOSITION. SHE ACKNOWLEDGES UNDERSTANDING OF THE DIAGNOSIS, SURGERY, INDICATIONS, ALTERNATIVES, RISKS AND COMPLICATIONS WHICH INCLUDE BUT ARE NOT LIMITED TO PAIN, SCAR, BLEEDING, INFECTION, FURTHER SURGERY, FAILURE TO RELIEVE HER SYMPTOMS AND ANESTHETIC RISKS. SHE WISHES TO PROCEED WITH SURGERY.

STEVE BERANEK, M.D.
DATE DICTATED: 12/19/03
DATE TYPED: 12/19/03/8:37 A.M./md

PLAINTIFF'S EXHIBIT 159
Blumberg No. 5113

WIREGRASS MEDICAL CENTER

NURSING INTERVIEW AND ASSESSMENT

Admission Date: 12-14-03
Admission Time: 0900
Mode of Arrival: ☑ Amb ☐ Stretcher ☐ W/C
ID Bracelet: ☑ Yes ☐ No
Height 5' 10" Weight 250
BP 131/66
Pulse 77 Apical / (Radial)
Irregular ____ Regular ✓
Respirations 20
Temp. 97.2 Oral / Rectal / Ax / Ear
Chief Complaint ____

Information for Interview Obtained From:
Patient ✓
Other (Name) ____
Relationship ____

ALLERGIES:
Drugs: NKDA
Food: NKA
Latex: NKA
Other: ____

ORIENTATION TO ROOM:
☑ Nurse Call Light ☑ Meal Time
☑ Side Rail Policy ☑ Bathroom
☑ Electric Bed ☑ Television
☑ Telephone ☑ Roommate

PROSTHESIS:

	YES	NO
Dentures ☐ Upper ☐ Lower	☐	☑
Removable Bridge	☐	☑
Artificial Eye	☐	☑
Contact Lens	☐	☑
Glasses	☐	☑
Hearing Aid ☐ Right ☐ Left	☐	☑
Pacemaker	☐	☑
Artificial Limb ____	☐	☑
Brace ____	☐	☑
Anything Artificial in Body ____	☐	☑

SELF-MEDICATION / VALUABLES RESPONSIBILITY

Signing here I acknowledge that I have informed of the Wiregrass Medical Center's rule against self-medication and I state that I have no medication in my possession and will not seek to obtain any while I am a patient in this hospital. I also agree to comply with Wiregrass Medical Center's Policy concerning disposition of valuables.

SMOKING RESPONSIBILITY

I have also been informed of the smoking regulations and state that I will adhere to Wiregrass Medical Center's Policy.

X Crystal Johnson
Patient or Next of Kin

12-17-03
Date

MEDICATIONS: ☐ LOCKED UP ☐ SENT HOME

Name	Dosage	Frequency	Last Taken
OTC Allergy-Sinus			
Zantac-5	One	every 4 hrs as needed	
HERBS			
VITAMINS			

SURGICAL HISTORY

When	What
1991	BTL

PREVIOUS MEDICAL HISTORY

	YES	NO	When
Cancer	☐	☑	
Liver Disease / GI	☐	☑	
Hepatitis	☐	☑	
Problems With Anesthesia	☐	☑	
Sickle Cell Anemia	☐	☑	
Blood / Bleeding Disorders	☐	☑	
Infectious Disease	☐	☑	
Last Flu Vaccine	☐	☑	
Last T.T. Vaccine	☑	☐	2002
Last Pneumonia Vaccine	☐	☑	
Diabetes	☐	☑	

PERSONAL DATA & HISTORY

	NOW YES	NOW NO	EVER When	EVER How Much
Use of Tobacco	☑	☐	1pk/day	± 2½-3pk
Use of Alcohol	☑	☐	Socially	
Use of Other Addicting Drugs	☐	☑		
Seeping Problems	☐	☑		
Visitor Restriction	☐	☑		
Communication Barrier	☐	☑		
Previous Blood Transfusions	☐	☑		
Independent Living	☑	☐		

Usual Residence: ☐ Alone ☑ W/Sig. Other ☐ ECF ☐ Other ____
Medical Equipment at Home: None.

FAMILY HISTORY - STATE WHO

	YES	NO	Who
Mental Retardation	☐	☑	
Diabetes	☐	☑	
Hypertension	☑	☐	mother
Cancer	☐	☑	
Heart Disease	☑	☐	father; grandfather
Mental Illness	☐	☑	
T.B. / Lung	☑	☐	father, grandfather "Black Lung"
Seizures	☑	☐	father

SPIRITUAL / CULTURAL NEEDS

Advanced Directives ☐ Yes ☑ No. Copy on file if Yes
Religious Preference Christian
Organ Donor ☐ Yes ☑ No
Other Spiritual / Cultural Needs ☐ Yes ☐ No
If Yes explain: ____

Signature: Mona Collins Lpn

Form No. 03157 (Rev. 1/00)

Seaman

1330

Wiregrass Medical Center
1200 West Maple Avenue
Geneva, Alabama 36340
(334) 684-3655 Extension 4652
Outpatient Surgery Department

Discharge Instructions
General Surgery/ EGD / Colonoscopy

Follow-up Doctor's Appointment Date: 12-22-03 Time: 9^00 AM

Activity: Rest quietly today. Have a responsible adult be with you the rest of the day.
Children should be watched for the next 24 hours.
Do not drive a car or operate machinery for 24 hours.
Have someone with you if you smoke.
You should not drink alcoholic beverages while taking pain medicine.
You may return to work when released by MD

Diet: Take clear liquids such as tea, soups, and sodas. Progress slowly to soft foods as tolerated, then resume a normal diet.

Medications: Continue home medications.
Rx: Lortab 10 one every 4 to 6 hrs as Needed
If possible take medication with toast, crackers or some type of solid food.

Wound Care: Keep dsgs on until you see Dr Berarek on Monday. Keep arm in comfortable position & may elevate with pillow for comfort. Keep arm in current position without

If any of the following should occur or any other complications occur call: Dr. 1-888-351-2663 Bending at _____. If unable to contact a Doctor go to the Emergency Room. Dr Berarek

_____ Lung congestion or wheezing.
✓ Nausea or vomiting that continues 12 hours after you return home.
✓ Temperature above 100 degrees.
_____ Difficulty urinating.
_____ Severe abdominal pain.
✓ Excessive bleeding.
✓ Signs of infection- redness, drainage, foul odor.
_____ Poor circulation- tingling, numbness, skin discoloration.
_____ EGD: Difficulty swallowing, spitting up bright red blood.
_____ Colonoscopy: Rectal bleeding

The above instructions have been explained to me. I understand these instructions

Robert Seaman
Signature

12-19-03
Date

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 15e

Wiregrass Medical Center

Outpatient Surgery Unit Discharge Criteria

Yes	No	Discharge Criteria
✓		Swallow, cough, gag reflexes present
✓		Absence of respiratory distress
✓		Vital signs stable
✓		Alert, oriented
✓		Nausea, vomiting, dizziness minimal
✓		Bleeding, drainage minimal
✓		Taking fluids PO
✓		Voided
✓		Dressing checked
✓		Ambulatory
✓		Given instructions and prescription
✓		Transportation home
✓		Hep lock or IV removed
✓		Pain free or minimal Pain Scale:_____

Discharge Summary

D/C per Doctor's order Dr Besack

Date: 12-19-85 At: 1325 By: M Bruce Collins Lpn

ia: (Amb) W/C Stretcher

o: (Home) Relative's House Hospital Room

ccompanied By: Spouse

tpatient Instructions Given: (Yes) No Other

nature: Bruce Collins Lpn

PLAINTIFF'S EXHIBIT 15F

Blumberg No. 5113

Wiregrass Medical Center

PATIENT TEACHING / DISCHARGE PLANNING

0/

[illegible] 03/00/00

MULTIDISCIPLINARY PLAN OF CARE

NURSING ACTION

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED
12-19-03	INSTRUCTION SHEET AND FOLLOW-UP APPT. GIVEN	D/C	12-19-03 NL
12-17-03	Resp instructions given, verbalizes understanding		12-17-03 NL

DIETARY ACTION

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED

PHYSICAL THERAPY ACTION

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED

RESPIRATORY CARE ACTION

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED

CASE MANAGEMENT ACTION

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED

OTHER

DATE I.D.	NEED	DATE TO BE ACCOMPLISHED	INITIAL / DATE COMPLETED

FORM # 383 PATIENT TEACHING / DISCHARGE PLANNING

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 15g

WIREGRASS MEDICAL CENTER

Billing Form

For Financial Class:

GB5

Patient Name..... SEAMAN, CRYSTAL D.
Admission Date..... 12/19/2003
Medical Record Number..... 236150086
Age..... 33
Account Number..... 479251

Discharge Date..... 12/19/2003
Date of Birth..... 03/09/1970
Sex..... Male

DX	Code	DX Description
1	354.2	Ulnar Nerve Lesion

PR	Code	PR Description	Procedure Date	Surgeon
1	04.6	Transposition of Cranial/Peripheral Nerve	12/19/2003	6400
2	04.3	Suture of Cranial/Peripheral Nerve	12/19/2003	6400

CPT	Code	CPT Modifiers	CPT Description	CPT Date	CPT Surgeon
1	64718		Revise Ulnar Nerve At Elbow	12/19/2003	6400
		APC / PSI	Payment Rate	ASC Group	ASC Fee
		0220 T	351.19	2	392.47

CPT	Code	CPT Modifiers	CPT Description	CPT Date	CPT Surgeon
2	64857		Repair Arm/Leg Nerve	12/19/2003	6400
		APC / PSI	Payment Rate	ASC Group	ASC Fee
		0221 T	955.87	2	196.24

Attending Physician..... MITCHUM O D MD
Consulting Physician..... 6400
Discharge Disposition..... 01 - Home
DRG =
Status.....

DRG

MDC	Weight	AMLOS	GMLOS	LOS

PRINT DATE: 12/18/03 901 Wiregrass Medical Center PAGE 1
Ed Benak M.D. 01D0304961
Medical Director CLIA Number
TIME: 13:00 LABORATORY --- CUMULATIVE REPORT H5LACUMV

NAME.: SEAMAN CRYSTAL D SEX.....: M PHY..: MITCHUM O D MD
ACCT#: 479251 AGE.....: 33 Y ADMIT:
ROOM.: O/P - NO PENDING ORDERS DOB.....: 03/09/1970 MR#..: 236150086
PAT. PHONE: 3348585904

HEMATOLOGY

	12/17/03 1610	REFERENCE RANGE	UNITS
WBC	9.1	4.3 - 11.0	K/uL
RBC	**4.36 L**	4.60 - 6.20	M/uL
HEMOGLOBIN	**13.4 L**	14.0 - 18.0	gm/dL
HEMATOCRIT	38.9	38.0 - 56.0	%
MCV	89.2	80.0 - 94.0	fL
MCH	30.8	26.0 - 33.0	pg
MCHC	34.5	31.0 - 36.0	gm/dL
PLATELETS	309	150 - 375	k/uL
RDW	12.8	10.2 - 15.5	%
MPV	8	7 - 10	fl
NEUTROPHILS%	70	50 - 87	%
LYMPHOCYTES%	22	16 - 46	%
MONO%	6.7	5.5 - 11.7	%
EO%	1	0 - 2	%
BA%	1	0 - 1	%
NEUTROPHILS#	6.3	1.5 - 7.1	K/uL
LYMPHS#	2.0	.8 - 2.8	K/uL
MONO#	0.6	.3 - .8	K/uL
EO#	0.1	.0 - .2	K/uL
BA#	0.1	.0 - .1	K/uL
DIFF	NOT INDICATED		

LEGEND: L-Low, H-High, C-Critical, A-Abnormal, *E*-Error

WIREGRASS MEDICAL CENTER
1200 MAPLE AVE
GENEVA, AL 36340

OPERATIVE REPORT

Patient Name: SEAMAN CRYSTAL D
Sex: M Age: 33
Date of Birth: 03/09/1970

Number: 479251
Med Record: 236150086 MR
Type: O/P Room#:

Admit Date: 00/00/00
Disc. Date: 00/00/00
Physician: MITCHUM O D MD
Physician Number: 000700

DATE OF PROCEDURE: 12/19/03

PREOPERATIVE DIAGNOSIS: RIGHT ELBOW ULNAR NEUROPATHY

POSTOPERATIVE DIAGNOSIS: SAME

OPERATIVE PROCEDURE: RIGHT ELBOW ULNAR NERVE TRANSPOSITION

SURGEON: STEVE BERANEK, M.D.
ANESTHESIA: GENERAL ANESTHETIC; FRANK VANLANDINGHAM; CRNA
BLOOD LOSS: MINIMAL
TOURNIQUET TIME: 45 MINUTES AT 210 MILLIMETERS OF MERCURY
FLUIDS: A LITER OF PLASMALYTE

INDICATIONS: ADULT WHITE FEMALE WITH ELECTRODIAGNOSTIC RIGHT ELBOW ULNAR NEUROPATHY, WHO PRESENTS FOR ULNAR NERVE TRANSPOSITION.

DESCRIPTION OF PROCEDURE: FOLLOWING ADEQUATE GENERAL ANESTHETIC, THE RIGHT ARM WAS PREPPED WITH DURAPREP AND DRAPED IN THE USUAL STERILE FASHION. THE TOURNIQUET AT THE BICEP WAS INFLATED AT 210 MM OF MERCURY. A 4 INCH INCISION WAS PLACED ALONG THE POSTERIOR BORDER OF THE ELBOW. THE SUBCUTANEOUS TISSUES WERE DISSECTED DOWN TO THE ULNAR NERVE PROXIMALLY. IT WAS EASILY IDENTIFIED. AS IT WAS FOLLOWED UP INTO THE ARM, TO THE LIGAMENTOUS STRUTHERS IT WAS NOTED TO BE QUITE TIGHT. THIS WAS FREED. THE NERVE WAS THEN CIRCUMFERENTIALLY FREED DISTALLY ALL THE WAY TO THE INSERTION AT THE FLEXOR DIGITORUM PROFUNDUS MUSCLE. IT WAS THEN TRANSPOSED ANTERIORLY INTO THE SUBCUTANEOUS AREA AND THEN THE FATTY TISSUE WAS SEWN OVER THE COMMON FLEXOR ORIGIN WITH 2-0 VICRYL SUTURE. THE NERVE WAS NOTED TO BE FREE AND FLOW THROUGH THIS LITTLE TUNNEL WITHOUT DIFFICULTY. THERE WAS AN ADDITIONAL SUPERFICIAL NERVE WHICH WAS TRANSECTED IN THE DISSECTION WHICH WAS REPAIRED WITH A SINGLE 4-0 NYLON SUTURE. THE SKIN WAS CLOSED WITH SUBCUTANEOUS 2-0 VICRYL SUTURE, SUBCUTICULAR 2-0 VICRYL SUTURE AND THEN REINFORCED WITH STERI-STRIPS. A STERILE NON OCCLUSIVE DRESSING WAS APPLIED, THE TOURNIQUET DEFLATED AND HER FINGERS PINKED UP NICELY. SHE WAS TAKEN TO OUTPATIENT RECOVERY IN GOOD CONDITION.

STEVE BERANEK, M.D.
DATE DICTATED: 12/19/03
DATE TYPED: 12/19/03/11:13 A.M./md

Wiregrass Medical Center
Brief Postop Note

Pre-op Diagnosis: Right elbow ulnar neuropathy

Post-op Diagnosis: same

Procedure: Right elbow ulnar nerve transposition

Specimens: None

Estimated Blood Loss: 10 cc Blood Given – Type: _____ Total: _____ cc

Fluid Type: Plas Fluid Total: 1000 cc

Drains: _____

Type of Anesthesia: General Mask

Surgeon: M Steven Belonek MD

Anesthesia Provider: Fish Vanlandyghan CRNA

Assistant: _____

Scrub # 1: RN Risa Pridgen 027

Scrub # 2: _____

Circulating RN: Dru Bellcham

SEABAR CRYSTAL D
479251 MITCHUN O D MD
DOB-03/09/70 33 MALE
00/00/00
OP-SURG O/P

SBerard 10:35.15 12/19/03
Signature Date / Time

PLAINTIFF'S EXHIBIT 15k
Blumberg No. 5113

O.R. # 2 Date 2/9/05

Chart Checked By: Jane Blalock RN Time: 0935

Pre-Op Check List:	Yes	No	Pre-Op Check List:	Yes	No
Surgical Consent	☑	☐	I.D./Band/Verbal	☑	☐
CBC	☑	☐	Consult	☐	☑
Urinalysis	☐	☑	Blood Available	☐	☑
X-Ray	☐	☑	History & Physical	☑	☐
EKG	☐	☑	Allergies NKDA	☐	☐

Pre-Op Assessment: 137/66 BP 77 P 97 T 20 R

Response Level: alert & oriented

Physical Status: II

Skin Condition: warm - dry

Arrived OR 0945 Departed OR 1040

Anesthesia Start 0950 Anesthesia End 1040

Surgery Start 1005 Surgery End 1035

Position:
Supine ☑ Prone ☐ Lithotomy ☐ Lateral ☐ Knee-Chest ☐ Other

Safety Belt ☑ Yes ☐ No
Repositioned: all pt functions
Supported
Supports: padded OR table
+ armboards
Cautery Ground Pad: Lt thigh
EKG Leads: LA ✓ LL ✓ RA ✓ RL
Cautery Setting: Blend 2
Cutting 1 Coagulation 30
Rectal Oral Skin Dot

Cautery Unit # Ref#30484
Pad: Ref 205
Probe:

Tourniquet Site: Pressure MM of Hg
Time Up Time Down

Arrived with: Foley ☐ Output
NG ☐ Output

Inserted:
Foley Size F cc of Balloon Fluid
Time: By Whom:
Output: Removed Yes No
Total Output: Quality

I.V. Fluids: Ringer's NS Prep

Type	Site	Total	Started By
Plas	L hand	1000cc	Seeing notes

Opsite ☑ Yes ☐ No Needle ga. 20

Blood/Components:
Estimated Blood Loss: 10cc

Skin Prep: Betadine Clip/Shave ☐ Yes ☐ No

Irrigation: NS

Wound Drains: Location/Size
T-Tube ☐ Chest Tube ☐ Vacuum ☐ Sump ☐ Penrose ☐

Medications:	Time	Site/Route	By
Lidocaine/Marcaine/Ancef	1005	IV	FV

Packing/Dressing: Adaptic, 4x4's, Kerlix + ACE

Anesthesia: MD CRNA

General ☑ Regional Block ☐ Local/MIVS ☐

COPY CRYSTAL D
[illegible] KITCHUM O D MD O/P
DOB-03/09/70 34

WIREGRASS MEDICAL CENTER

Pre-op Diagnosis: Right elbow ulnar neuropathy

Operation: Right elbow ulnar nerve transposition

Post-op Diagnosis: same

Wound Class: I Comment:

Surgeon: Dr. Steven Kozanez MD

Assistant:

1st Scrub: Lisa Rudgers CST 2nd Scrub:

Relief: Time:

Circulator: Jane Blalock RN

Relief: Time:

Other Personnel:

Sponge Ct.	Original	Added	Total
Laps	10	6	~~15~~ 5
Raytec	10	0	10
Peanuts	0	0	0
Needle Ct.	2	1	3
Blade Ct.	1	0	1
Inst. Ct.	NA	0	NA

	Yes	No	Signature
1st Count Correct	☑	☐	JB / LD
2nd Count Correct	☑	☐	JB / LD
3rd Count Correct	☑	☐	JB / LT
4th Count Correct	☐	☐	

If unresolved - X-ray Taken: Yes No

Circulator: Jane Blalock RN Scrub: Lisa Rudgers CST

Post-op Condition Alert ☐ Asleep ☐ Drowsy ☑
Arousable ☐ Disoriented ☐ Other
Skin Condition: WFD Cautery Pad Site: clean & redness

Transferred To: ☐ R.R. ☐ ICU ☐ Floor ☑ O.P. Bay ☐ Discharged

By: ☑ Stretcher ☐ Bed ☐ Wheelchair ☐ Ambulatory

Nurses Notes: 1040 Procedure completed well. Moved self to stretcher c SRT - stable 1045 to OPS & per stretcher c SRT. VSS 96-92-20 139/57 SAO2 94% on RA - received & report to Angie Burson RN c Jane Blalock RN

Family Notified: 1005

Aldrete: 9 @ 1040

Specimen: none Pt opposite and correct Re-verified JB

Temp 68 Humidity: 21%

Scheduled ☑ Emergency ☐

PLAINTIFF'S EXHIBIT 15L

Blumberg No. 5113

PLAINTIFF'S EXHIBIT 15m

Blumberg No. 5113

WIREGRASS MEDICAL CENTER

ANESTHESIA RECORD

Geneva, Alabama

Page No. 6

Anesthetist Frank Venable CRNA

Surgeon(s) DR Burnett P.S. 2

Age 33 Wt 250 Ht 5'10" Hg 14 Hct 39

B/P 114/64 Pulse 82 Resp 20 Temp 97

Pre Op Meds Benadryl Reglan Protonix

Allergies NKA Teeth Natural

Operation: Right Elbow Ulnar Nerve Transposition Date: 12/19/03

Hour: AM PM 0 15 30 45 1600 15 30 45 | 15 30 45 Totals Times

TECHNIQUE: I.V. / SPINAL / LOCAL / REGIONAL / INHALATION / SEMI-CLOSED / CLOSED / NON REBRE. / MASK / ENDOTRAC / ORAL SIZE / NASAL / VIA TRACH / LUBRICANT / CUFF / PACK

INDUCTION: SMOOTH / EXCITEMENT / HYPOXIA / VOMITING / L-SPASM / B-SPASM / BP DROP / BP RISE

POSITION: SUPINE / PRONE / LITHOTOMY / JACK KNIFE / SITTING / LATERAL / ARMS OUT / ARMS TUCKED / EYES TAPED / ELBOWS PADDED / WARMING PAD

EXTUBATION: SMOOTH / DIFFICULT / VOMITING / L-SPASM

MONITORS: BP CUFF / PRECORDIAL / ESOPH / EKG / PULSE OXIMETER / V / O_2 MON / FIO_2 / $ETCO_2$ / TEMP / NERVE STIM / AGENT / TOURNIQUET ARM ☐ LEG ☐ / MMHG

EQUIP CHECK

READY FOR INDUCTION

1951

O_2 L/Min

N_2O L/Min

Halothan

Supplies: Surgery Super Tip Diprivan

Urine Output

Blood Loss

4-3-2-1-7-7-7

15→ 6-5cc 10 200 5

START OP ⊙	B.P. V A
END ANES. ⊗	PULSE •
Drip — — —	START ANES. X

RESPIRATION

Spon 0 S

Assi 0 A

Cont ⊗ C

Vent V

220 200 180 160 140 120 100 80 60 40 20 0

Monitors:

Ven T. V./Cm H_2O

Axill	FIO_2
Rectal	SaO_2
F. Head	$ETCO_2$
Esoph	Temp

Position

EKG

1034

TT 30 min

Start Anesthesia	0950
End Anesthesia	1040
Start Operation	1005
End Operation	1035
Urine	15
Blood Loss	200cc

Radial ERB-IVA IV from the ant Aspect R elbow

Demerol 25mg IVP

Maint. of Airway: Mask Oral Nose

Ett No. Cuff c/s Air

B.B.S. SCCA NRB

Spinal—Epidural—IVA Site Size

Level

Heat/Moist Exch Humidifer

Warmers: Blanket Fld/Blood Bath

Pre Anes Notes:

Status at Close: Awake Arousable No Response Reflexes

B/P 139/57 P 92 R 20 SaO_2 94

Alderete 9 at 1040

Temp. 96.3

Received by: Jane Blackwell RN

Wiregrass Medical Center

Anesthesia Evaluation Record

Date: 12/18/03 Time: 1100 a.m. / p.m. Allergic To: NKA

Age: 33 Sex: F Ht: 5'10 Wt: 250 Physical Status 1 (2) 3 4 5 E BP 137/66 P 77 R 20 Temp: 97.2

Diagnosis: Ulnar nerve neuropathy

Proposed Surgery: Right Elbow Ulnar Nerve Transposition

Previous Surgery: BTL

Anesthesia Complications:

Food / Drink Intake past 8 hours: NPO Pregnant: BTL

Medications: ~~Kantabs~~ Kantabs

Dentition / Airway: Natural

Cardiovascular: denies

EKG: N/A Chest X-Ray: N/A

Lungs: Asthma

Tobacco: pkg 2-3 yrs pks/day/yrs Alcohol: occ Diabetes: denies

Liver: denies Kidneys: Hx stones

GI: Hx ulcer

Musculoskeletal / Nervous System: HA

Endocrine: denies

Other:

Lab Date: Hgb. 13.4 Hct.: 38.9 WBC/Platelets: 9.1 / 309 PT/PTT: Urine:

SMA6: Na: K: Cl: CO_2: BUN: Glucose: Creatinine: Calcium:

ABG: pH: pCO_2: PO_2: 0_2sat: Addictions:

Other Lab: Blood Available:

Summary of Preoperative Condition: Smoker overweight asthma

Anesthesia Proposed: IV Sed GA - mask

Post Anesthesia Summary

Date: 12/19 1400 GA-mask OOB

Condition:

Complications: VS stable hand numb bump good exchange Dr Tate

Date: 12/19/03 Time: 0930

There is / is no contraindication to anesthetic and surgery. My choice for anesthesia for this surgical procedure is: IV Sed GA-mask

M.D.

Signature (Anesthesia Department)

PLAINTIFF'S EXHIBIT 15n

Blumberg No. 5113

WEGO GRASSLEY MEDICAL CENTER
1200 W. Maple Ave.
Geneva, AL 36340

(334) 684-3655 voice
(334) 684-6564 fax

Patient Name: CRYSTAL STAMPS

SS# | DOB: 3-9-71

Phone | Precertification #

Scheduled Date & Time

Physician Signature | Date

OUTPATIENT PHYSICIAN ORDERS

Diagnosis
(essential for registration)

	STAT & CALL RESULTS		SEND RESULTS BY COURIER
	FAX TO PHONE #		SEND RESULTS BY MAIL

Laboratory

	AMYLASE		LIPID PROFILE		RA PROFILE
	ANA		HEPATIC PANEL		RA TEST
	B12 / FOLATE		MONO TEST		SED. RATE
	CALCIUM		PHENOBARBITAL		SGOT
X	CBC		POTASSIUM		TEGRETOL LEVEL
	CHOLESTEROL		PREGNANCY, Urine		THEOPHYLLINE
	CULTURE from...		PREGNANCY, Serum		THYROID PROFILE
	DEPAKOTE LEVEL		BASIC METABOLIC PANEL		TRIGLYCERIDES
	DIGOXIN LEVEL		COMPREHENSIVE METABOLIC PANEL		LITHIUM
	DILANTIN LEVEL		PROTHROMBIN TIME		URINE CULTURE
	GLUCOSE		PSA		URINALYSIS
	Hgb A1C		PTT		

OTHER, as follows...

Respiratory Care

	ABG		PULMONARY FUNCTION TESTING
	PULSE OXIMETRY SPOT CHECK		BASIC
			COMPLETE
			WITH / WITHOUT — BRONCHO-DILATOR

OTHER, as follows...

Physical Therapy

	EVALUATE & TREAT		PROSTHETIC TRAINING		WHIRLPOOL / WOUND CARE
	MODALITIES		TENS UNIT		STRENGTHENING / ROM EX
	GAIT TRAINING		TRACTION		

OTHER, as follows...

Imaging Services

ULTRASOUND		C.T.		CONTRAST Y	CONTRAST N	NUCLEAR MEDICINE	
	ABD		ABD				BONE
	ARTERIAL		HEAD				HIDA
	BREAST		PELVIS				THYROID
	CAROTID		L.S.				
	ECHO		C.S.				
	PELVIS						
	VENOUS						

OTHER, as follows...

X-RAY

L	R		L	R		
		ANKLE			HUMERUS	
		CLAVICLE			FEMUR	
		CHEST			G.I.	
		ELBOW			FINGER	Specify Digit
		FOOT			TOE	
		FOOT & ANKLE			KNEE	
		FOREARM			PELVIS	
		HAND			SHOULDER	
		HIP			WRIST	
		LUMBAR SPINE			CERVICAL SPINE	
		MAMMOGRAM			TIB-FIB	

OTHER, as follows...

Cardiology & Neurological Services

	EKG		GXT		GXT w/THALLIUM
	HOLTER		2-D ECHO		2-D COLOR DOPPLER
	EEG		STRESS ECHO		

OTHER, as follows...

Misc. Additional Orders and/or Diagnosis

PLAINTIFF'S EXHIBIT 150
Blumberg No. 5113

PHYSICIAN'S ORDERS

WIREGRASS MEDICAL CENTER
1200 W. MAPLE AVE.
GENEVA, AL. 36340
334-684-3655

NAME Crystal Seaman
ROOM NO. (ADDRESS)
HOSP. NO.
PHYSICIAN

Drug Allergies
NKA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
	Admit 12/19/03 Dr. Berard		
	Dx: (R) elbow ulnar neuropathy		
	Sx: (R) elbow ulnar nerve transposition		
	NPO		
	Anes to NPO on call to OR		
	Dr Berard		
12/19	Benadryl 100 mg po		
0600	Reglan 20 mg po		
	Protonix 40 mg po		
	IV PCA 100 cc/hr		
	VO Dr Bellscraft / Waldrop CRNA		
	Noted 12/19/03 - 0900 — A. Blumberg RN CNOR		
12/19/03	Postoperative Orders to Outpt Surgery then Discharge per protocol		
	Good condition, routine vital signs, regular diet, Up ad lib, Sling PRN		
	Benadryl 25mg IV @ 1LH PRN Pain		
	Lactated Ringers @ 125 ml/hr PRN Pain		
	Anne Jane Blalock		
	12/19/03 @ 1055		

PLAINTIFF'S EXHIBIT 15P
Blumberg No. 5113

12/19/03	Plasmalyte 1000 ml @ 100 ml/hr	0915 AB
12/19/03	Vegneral 25 mg IV	1110 JB
12/19/03	Lortab 5 1/1 PO	1115 JB
12/19/03	Benadryl 100 mg PO Reglan 20 mg PO Protonix 40 mg PO	0900 AB
12/19/03	Ancef 1 Gm IVPB	0935 J. Blalock/AB

NURSE	TITLE	INIT.	NURSE	TITLE	INIT.	NURSE	TITLE	INIT.
11 - 7								
7 - 3	Angie Bowman RN	AB	Jane Blalock RNC		JB			
3 - 11								

PATIENT NAME	NUMBER	ROOM	AGE	SEX	PHYSICIAN	WEIGHT	ALLERGIES	DIAGNOSIS

Diagnosis: Preoperative Nursing Care Plan Date:

Patient Care Plan

Date/Initial	Needs/Problems Limitations	Goals/Outcome	Nursing Orders/Action	Date Resolved
12/17/B MC	Knowledge deficit r/t pre-op instructions	Patient will verbalize an understanding of pre-op instructions	1. Schedule pre-op teaching session allowing time for Q & A. 2. Assess and document patient level of understand of prescribed tx. 3. Assess and document readiness to learn tx regimen. 4. Provide literature specific to patient's learning needs. 5. Provide teaching at patient level of understanding and repeat information as needed. 6. Check for accurate feedback to ensure patient understands prescribed tx. 7. Provide information about usual pre-op routine eg, blood work, x-rays, EKG, skin prep, iv's, bowel preps, and douche. 8. Provide information for schedule time of surgery, reason for food and fluid restrictions, medication administration and recovery room.	12-17-B MC

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 15g

Diagnosis: Postoperative Nursing Care Plan

Date:

Patient Care Plan

Date/Initial	Problems Nursing Diagnosis	Goals/Outcome	Actions Nursing Interventions	Date Resolved
12/9/03 MC	Potential hemorrhage	The patient will have no signs	1. Assess patient vital signs and LOC	12-9-03
		of bleeding as evidenced by	q 15 min. x4, q 30 min. x2, then q 1 hr and PRN.	MC
		stable vital signs.	2. Assess the patient's operative dressing	
			and/or oral cavity for evidence of bleeding.	
	Potential N/V related	Minimal N/V	1. Provide clear liquids when the patient	
	side effects of anesthesia		has the ability to tolerate the presence of	
			N/V.	
			2. Provide antiemetics PRN as ordered.	
			3. Ambulation with assistance of nurse for	
			stability as well as monitor for evidence of	
			motion sickness.	
	Comfort alternation in	Minimal pain	1. Assess causes of possible discomfort	
	pain		other than operative.	
			2. Provide prescribed analgesics as ordered.	
	Urinary retention	Ability to void	1. Monitor patient voiding.	

PLAINTIFF'S EXHIBIT 15r

Blumberg No. 5113

Intraoperative Care Plan

Nursing Care Plan

Date	Time	Initial	Special Needs/Problems	Nursing Intervention
12/19/03	7-3	JB	Potential for infection related to introduction of Pathogens on to the sterile field.	1. Ensure that all personnel crossing the red line (entering the Restricted area of Surgery) are properly clad including scrubs, hair and shoe covers, facemasks as appropriate according to policy and procedure.
	3-11		GOALS: To minimize the risks for contamination of the sterile field.	2. Change patient's top sheet and blanket and apply hair cover prior to entering the Surgical Suite.
	11-7			3. Close the door to the Surgical Suite upon arrival of the patient.
	7-3			4. Prep surgical site according to Policy and Procedure. Do Not cross prepped area when removing towels from edges of prep site.
	3-11			5. Ensure physicians and scrub nurses are according to Policy and Procedure.
	11-7			6. Observe continuously for contamination and hazards for potential contamination of sterile objects by non-sterile objects.
	7-3			Jane Blalock RN
	3-11			
	11-7			
	7-3			
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	3-11			
	11-7			

Addressograph

OP-SURG

00/00/00
POB-03/09/70 33 MALE
4792SI MITCHUM O D MD
SEAMAN CRYSTAL D O/P

PLAINTIFF'S EXHIBIT 15s

Blumberg No. 5113

WIREGRASS MEDICAL CENTER

Nurses Notes

Date: 12/19/03

Hospital Day: 1

24 Hour Shift Assessment

Diet:	Type	Amount
Breakfast:		
Lunch:		
Dinner:		

Shift:	Night:			Day:			Evening:		
	Normal	Abnormal	See NN	Normal	Abnormal	See NN	Normal	Abnormal	See NN
Neurological:									
Pupils									
Motor									
LOC									
Other									
Cardiovascular:									
Pulses									
Nailbeds									
Edema							--		
Skin									
Other									
Respiratory:									
Respirations									
Cough / Sputum									
Breath Sounds									
Other									
GI / GU:									
Abdomen									
Bowel Sounds									
Urine									
Other									
Emotional Needs									

Licensed Personnel Signature	
	Night:
	Day:
	Evening:

	Yes	No	Yes	No	Yes	No
Patient Teaching						
Care Plan Update						

Charge Nurse:

Night RN:

Day RN: A. Bivins RN CNOR

Evening RN:

PRN & Single Dose Medications (other than for pain)

Pain Assessment: (0 = no pain, 10 = worst possible pain)
Time: _____ Location: _____
Intensity: _____ Intervention: _____
Reassessment: _____

Pain Assessment: (0 = no pain, 10 = worst possible pain)
Time: _____ Location: _____
Intensity: _____ Intervention: _____
Reassessment: _____

Pain Assessment: (0 = no pain, 10 = worst possible pain)
Time: _____ Location: _____
Intensity: _____ Intervention: _____
Reassessment: _____

Pain Assessment: (0 = no pain, 10 = worst possible pain)
Time: _____ Location: _____
Intensity: _____ Intervention: _____
Reassessment: _____

IV Fluids; Rate; Site; Appearance; Time
Night: _____
Day: _____
Evening: _____

IV Tubing Change: _____

IV Site Change: _____

PCA Comments: _____

	Call Bell	Side Rails	ID Band	Restraints	Circulation Check q 2 hr	Type of Bath	Shave	TED Hose	Foley Care	Skin Care	ROM	Ambulate	Chair	Bedrest	Turn q 2 hr	ADL / Individual Assist	See Attached Flowsheet	BMs per Shift	Signature / Initials
Evening																			
Day																			
Night																			

Form No 001D Nurses Notes

Blumberg No. 5113

PLAINTIFF'S EXHIBIT 15t

Wiregrass Medical Center

Vital Signs Flow Sheet

Date: 12/19/03

Received From: Jane Blalock RN

1325

Respiratory Status: even & reg

Mental Status: Drowsy

Skin: W & D

Dressing: D & I to Rt arm

Assessment

Pain Scale: Site None Rate —

IV Site: Lt hand clear Rate: 50cch

Total Amount present fluid 1000cc

Total Fluid Volume during procedure 1000cc

Total Fluid Volume

Time	Temp	Pulse	Resp	B/P	Comments
1045	96³	92	20	134/57	SPO2 94% on RA. Condition stable — Jane Blalock
1100		73	20	94/45	SPO2 99% C/o of Rt arm pain — Jane Blalock
1110	—	—	—	—	Demerol 25 mg IV for pain — Jane Blalock RN
1115		74	20	113/55	Lortab 5 ii PO given c cola to drink
—	—	—	—	—	Tol well — Jane Blalock RN
1130		85	20	97/56	O2 96% Watching tv denies any ~~pt~~ problems
—	—	—	—	—	— Q. Brunson RN CNOR
1145		83	20	120/52	SPO2 98% NAD — Jane Blalock
1230					Eating reg. diet tol. well. — Q. Brunson RN CNOR
1300	98⁴	84	20	114/60	↑ c assist to B/R, voided well, IV D/C'd
—	—	—	—	—	c pressure drsg applied. See Nurs.
—	—	—	—	—	Notes for futher info. M Collins LPN

PLAINTIFF'S EXHIBIT 15u

Blumberg No. 5113

Wiregrass Medical Center

Pre-Operative Checklist

Date: 12/19/03 Allergies: NKA

T 97.2 P 77 R 20 B/P 137/66 Wt 250 Time 0900 AB
Initials

Identification band on: Yes ✓ No ____
Addressograph with chart: ✓

Removed:					
	Glasses	✓		Chewing gum	✓
	Dentures	✓		Bobby pins	✓
	Jewelry	✓		Contacts	✓
	Nail Polish	✓		Prosthesis	✓

Ted hose N/A (if ordered)

A.M. Care:				
	Bath	✓	Oral hygiene	✓
	Care of hair	✓	Hospital gown on	✓
NPO since midnight		✓	Void prior to pre-op	
			Meds	✓
			Time ____ / ____	
			Initials	

Care plan initiated: yes
Operative permit signed and witnessed: yes Site/Side of surgery identified: yes
History and Physical on chart: ____
Laboratory results on chart:

UA	____	PT/PTT	____
HGB	13.4	HCT	38.9
Type and Crossmatch	____		
Other	____		

Chest X-ray on chart: ____
EKG on chart: ____
Pre-op medications given:

Medication	Time	Nurse
Benadryl 100mg PO	0900	AB
Keflan 2gm PO	0900	AB
Protonix 40mg PO	0900	AB
Ancef 1gm IVPB	0935	BJ
	/	

Operative area prepped by: ____
Operative area checked by: ____, RN
Pre-op teaching done: yes
Charge Nurse: D Brunson RN CNOR

PLAINTIFF'S EXHIBIT 15v
Blumberg No. 5113

WIREGRASS ORTHOPAEDICS, P.C.
STEVEN R. BERANEK, M.D.
Board Certified Orthopaedic Surgeon
519 E. Lee St., P.O. Box 311345, Enterprise, AL 36331
Office 334-347-9590 1-888-351-2663 FAX 334-393-1762

Pre-Registration for Surgery

Patient Name: Crystal D. Seaman D.O.B.: 3/9/70

OUTPATIENT PROCEDURE: (R) elbow ulnar nerve transposition
NOTE TO PATIENT: Your procedure is scheduled for 12/19/03
at Wiregrass Medical Center in Geneva, Alabama..

Your pre-admission assessment with the nurse in the Outpatient Surgery Department is scheduled for 12-17-03 3:30 pm.
Go to the Registration Desk in the front of the hospital where the admission clerk will ask you for this form which will alert her to the necessary steps you need to take and she will direct you where to go from there. It is important that you keep this appointment and complete the necessary procedures the nurse has for you which will help to ensure you of a safe and efficient visit to the Surgery Department. If you are unable to keep the time or date of the appointment, please notify the Outpatient Surgery Department at 334-684-3655 ext. 4652 in order to reschedule before your surgery date.

INPATIENT PROCEDURE: _____
NOTE TO PATIENT: Your procedure is scheduled for _____
at Wiregrass Medical Center in Geneva, Alabama.

Your pre-admission assessment with the nurse in the Outpatient Surgery Department is scheduled for _____.
Go to the Registration Desk in the front of the hospital where the admission clerk will ask you for this form which will alert her to the steps you need to take and she will direct you where to go to from there. It is important that you keep this appointment and complete the necessary procedures the nurse has for you which will help to ensure you of a safe and efficient visit to the Surgery Department. If you are unable to keep this appointment, please notify the Outpatient Surgery Department at 334-684-3655 ext. 4652 in order to reschedule before your surgery date.

You have an appointment with Dr. _____ on _____ at _____ for a pre-operative clearance for surgery. If you are unable to keep this appointment, please call his office at _____ to reschedule before your surgery date.

PLAINTIFF'S EXHIBIT 15W
Blumberg No. 5113

Wiregr... Medical Center
1200 West Maple Avenue
Geneva, Alabama 36340
(334) 684-3655
Outpatient Surgery Department
Ext. 4652

FOLLOW THESE INSTRUCTIONS CAREFULLY

Your Surgery or Procedure is Right elbow, ulnar Nerve, transposition

Your Surgery or Procedure is scheduled for Friday Dec. 19th, 2003

Please arrive at the hospital no later than _____ a.m. We will call you a time to come on Thursday. If you have not heard from us by 3pm please call us.

Report to the Admissions' office in the emergency room area.

Have an available person to drive you home. You cannot be allowed to leave the hospital alone. PLEASE limit your visitors during your stay. Rest is essential following your surgical procedure.

Do not eat or drink anything after midnight. If you are having an EGD or Colonoscopy do not eat or drink red colored foods or foods containing red dye 24 hours prior to procedure.

Do not wear makeup, nail polish, or jewelry.

Wear comfortable clothing.

Bring no valuables.

Take a betadine shower in the morning before coming to the hospital. Apply all over EXCEPT face and hair. Rinse all of the betadine off your body.

Special Instructions:

_____

_____

Our discharge procedure is the following:
You will be stable, awake and able to drink fluids without being nauseated and able to urinate.

If you need to cancel your surgical procedure for any reason, please call the outpatient department or the emergency room.

I have read and fully understand these instructions.
PATIENT'S SIGNATURE X Crystal Seaman
SUBSTITUTE'S SIGNATURE _____ RELATION _____
NURSE'S SIGNATURE _____ DATE _____

THANK YOU FOR ALLOWING US TO CARE FOR YOU!

PLAINTIFF'S EXHIBIT 15x
Blumberg No. 5113

Wiregrass Medical Center
Surgical or Procedure Consent

I authorize the performance upon myself _____ for the following operation Right elbow ulnar nerve transposition

(State nature and effects of operation)

to be performed under the direction of Dr. Berard.

I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising form, presently unforeseen conditions, which the above named doctor or his associates may consider necessary or advisable in the course of the operation.

It has been explained to me by my physician and I understand there is a potential risk of excessive blood loss due to the nature of my surgery and a possibility that I may need to receive blood or blood products. It is understood and agreed that the attending physician or his assistants will be responsible only for the performance of their own individual professional acts, and that the blood typing and selection of compatible blood are the responsibilities of those who actually perform the necessary laboratory test. My doctor has explained and I understand that there are potential risks from blood transfusion and that some of these include transfusion reaction, hepatitis, blood impairments and Acquired Immune Deficiency Syndrome. My doctor has explained the risks and benefits of the blood transfusion, advised me of alternative treatments and has told me the expected outcome and what happens if my condition remains untreated.

I give consent to receive blood or blood products as determined by my doctor to be necessary for my well being. √ YES ___NO ___ONLY AS AN EMERGENCY LIFE SAVING MEASURE

For the purpose of advancing medical education, I consent to the admittance of observers to the Operating Room. √ YES ___NO

I consent to non-identifying photographs to be taken for medical record purposes.
√ YES ___NO

I consent to the disposal, by hospital authorities, of any tissue or parts, which may be removed.

I am aware that sterility may result from this operation. I know that a sterile person is incapable of becoming a parent. (APPLICABLE NON-APPLICABLE)

The nature and purpose of the operation, possible alternative methods of treatment, the risks and benefits involved, and the possibility of complications have been fully explained to me. No guarantee or assurance has been given by anyone as the results that may be obtained.

Date/Time: 10/17/05 1550 Signed: Crystal Sahmann
Patient or person authorized to consent for patient

Witness: Monica Collins-Lyle Relationship to patient: _____

I have counseled this patient as to the nature of the proposed procedures(s); attendant risks involved, and expected results as described above. _____
Surgeon Obtaining Consent

Blumberg No. 6513
PLAINTIFF'S EXHIBIT 15y

WIREGRASS MEDICAL CENTER
GENEVA, ALABAMA

S[illegible] CRYSTAL D O/P
4/[illegible]251 PITCHUN O D MD
D[illegible]-03/09/70 33 MALE
00/00/00

OP-SURG
Addressograph

CONSENT FOR ANESTHESIA SERVICES

I, Crystal Seaman, acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and that no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified on the back of this form. I understand that the type(s) of anesthesia service checked will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

Form # 398A

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 15z

____ General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	Mouth throat pain, hoarseness, injury to mouth or teeth, awar under a esia, injury to blood vessels, aspiration, pneumonia.
____ Spinal or Epidural Analgesia/Anesthesia ____ With Sedation ____ Without Sedation	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of body.
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Risks	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal"
✓ Major/Minor Nerve Block ✓ With Sedation ____ Without Sedation	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation.
	Risks	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.
____ Intravenous Regional ____ With Sedation ____ Without Sedation	Expected Result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Risks	Infection, convulsions, persistent numbess, residual pain, injury to blood vessels.
✓ Monitored Anesthesia Care (with sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream, breathed into the lungs or by other routes producing a semi-conscious state.
	Risks	An unconscious state, depressed breathing, injury to blood vessels.
____ Monitored Anesthesia Care (without sedation)	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention.
	Technique	None.
	Risks	Increased awareness, anxiety and/or discomfort.

I hereby consent to the anesthesia service checked above and authorize that it be administered by Jenny Tucker CRN Frank Vanlandingham CRNA or his/her associates, all of whom are credentialed to provide anesthesia service at this Hospital. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I expressly desire the following considerations to be observed (or write "none").

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decision.

Patient's Signature

12-17-03 1550
Date and Time

Substitute's Signature

Relationship to Patient

Witness

ADVANCE DIRECTIVE

ACKNOWLEDGEMENT

NAME: Crystal D. Seaman SOC. SEC. NO: 236150086

IDENTIFICATION NO: 479251 DATE OF BIRTH: 3-9-1978

PLEASE READ THE FOLLOWING FOUR STATEMENTS.

1. I have been given written materials about my right to accept or refuse medical treatments

2. I have been informed of my rights to formulate Advance Directives.

3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility.

4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law.

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

☐ I HAVE executed an Advance Directive.

☒ I HAVE NOT executed an Advance Directive.

Signed Crystal Seaman Date: 12-17-03

Witness: _____ Date: _____

Witness: Mark Butler Date: 12-17-03

Form # 390 Advance Directive Acknowledgement

Blumberg No. 5113 PLAINTIFF'S EXHIBIT 15aa

Wiregrass Medical Center

Pre-Operative Checklist

CRYSTAL D
[illegible] 0 C MD
[illegible] 33 MALE
02/02/00

Date: 12/19/03 Allergies: NKA

T 97.2 P 77 R 20 B/P 137/66 Wt 250 Time 0900 AB
Initials

Identification band on: Yes ✓ No ____
Addressograph with chart: ✓

Removed:					
	Glasses	✓		Chewing gum	✓
	Dentures	✓		Bobby pins	✓
	Jewelry	✓		Contacts	✓
	Nail Polish	✓		Prosthesis	✓

Ted hose N/A (if ordered)

A.M. Care:				
	Bath	✓	Oral hygiene	✓
	Care of hair	✓	Hospital gown on	✓
NPO since midnight		✓	Void prior to pre-op Meds	✓

Time ____ / ____
Initials

Care plan initiated: yes
Operative permit signed and witnessed: yes Site/Side of surgery identified: yes
History and Physical on chart: ____
Laboratory results on chart:

UA	____	PT/PTT	____
HGB	13.4	HCT	38.9
Type and Crossmatch	____		
Other	____		

Chest X-ray on chart: ____
EKG on chart: ____
Pre-op medications given:

Medication	Time	Nurse
Benadryl 100mg PO	0900	AB
Keflex 2gm PO	0900	AB
Protonix 40mg PO	0900	AB
Ancef 1gm IVPB	0935	BM
____	____	____

Operative area prepped by: ____
Operative area checked by: ____, RN
Pre-op teaching done: yes
Charge Nurse: [illegible] Dickinson RN CNOR

Blumberg No. 5113
PLAINTIFF'S EXHIBIT 1566

#12,136
no f/u

DAVID J. HARRISON
ATTORNEY AT LAW
600 West Magnolia • Post Office Box 994 • Geneva, Alabama 36340 • Phone (334) 684-8729

May 19, 2004

Dr. Steven Beranek
Wiregrass Orthopaedics, P.C.
P.O. Box 311345
Enterprise, Alabama 36331

Re: Crystal Seaman
SS# 236-15-0086

Dear Dr. Beranek:

I have received the medical records your office forwarded to me on the above-referenced individual, and thank you for the same.

I have a special request of you. I did not notice in any of your notes in these records that you believe that Ms. Seaman's injury is related to anything other than her fall at the Food Giant. If you would, please let me know if you believe that her injury is solely due to the fall. I will, of course, be taking your deposition at a later date; however, before I proceed this is a question I need answered.

I appreciate your time and consideration of this matter, and look forward to hearing from you soon.

Sincerely,

David J. Harrison
Attorney at Law

DJH/trh

I believe her ulnar neuropathy is soldy due to her injury/fall

6/24/2004

Faxed to you 6-29-04 4:30 pm

PLAINTIFF'S EXHIBIT 15cc
Blumberg No. 5113

WIREGRASS MEDICAL CENTER
1200 W. MAPLE AVE
GENEVA, AL 36340

OPERATIVE REPORT

Patient Name: SEAMAN CRYSTAL D
Sex: M Age: 33
Date of Birth: 03/09/1970

Number: 479251
Med Record: 236150086 MR
Type: O/P Room#:

Admit Date: 00/00/00
Disc. Date: 00/00/00
Physician: MITCHUM O D MD
Physician Number: 000700

DATE OF PROCEDURE: 12/19/03

PREOPERATIVE DIAGNOSIS: RIGHT ELBOW ULNAR NEUROPATHY

POSTOPERATIVE DIAGNOSIS: SAME

OPERATIVE PROCEDURE: RIGHT ELBOW ULNAR NERVE TRANSPOSITION

SURGEON: STEVE BERANEK, M.D.
ANESTHESIA: GENERAL ANESTHETIC; FRANK VANLANDINGHAM; CRNA
BLOOD LOSS: MINIMAL
TOURNIQUET TIME: 45 MINUTES AT 210 MILLIMETERS OF MERCURY
FLUIDS: A LITER OF PLASMALYTE

INDICATIONS: ADULT WHITE FEMALE WITH ELECTRODIAGNOSTIC RIGHT ELBOW ULNAR NEUROPATHY, WHO PRESENTS FOR ULNAR NERVE TRANSPOSITION.

DESCRIPTION OF PROCEDURE: FOLLOWING ADEQUATE GENERAL ANESTHETIC, THE RIGHT ARM WAS PREPPED WITH DURAPREP AND DRAPED IN THE USUAL STERILE FASHION. THE TOURNIQUET AT THE BICEP WAS INFLATED AT 210 MM OF MERCURY. A 4 INCH INCISION WAS PLACED ALONG THE POSTERIOR BORDER OF THE ELBOW. THE SUBCUTANEOUS TISSUES WERE DISSECTED DOWN TO THE ULNAR NERVE PROXIMALLY. IT WAS EASILY IDENTIFIED. AS IT WAS FOLLOWED UP INTO THE ARM, TO THE LIGAMENTOUS STRUTHERS IT WAS NOTED TO BE QUITE TIGHT. THIS WAS FREED. THE NERVE WAS THEN CIRCUMFERENTIALLY FREED DISTALLY ALL THE WAY TO THE INSERTION AT THE FLEXOR DIGITORUM PROFUNDUS MUSCLE. IT WAS THEN TRANSPOSED ANTERIORLY INTO THE SUBCUTANEOUS AREA AND THEN THE FATTY TISSUE WAS SEWN OVER THE COMMON FLEXOR ORIGIN WITH 2-0 VICRYL SUTURE. THE NERVE WAS NOTED TO BE FREE AND FLOW THROUGH THIS LITTLE TUNNEL WITHOUT DIFFICULTY. THERE WAS AN ADDITIONAL SUPERFICIAL NERVE WHICH WAS TRANSECTED IN THE DISSECTION WHICH WAS REPAIRED WITH A SINGLE 4-0 NYLON SUTURE. THE SKIN WAS CLOSED WITH SUBCUTANEOUS 2-0 VICRYL SUTURE, SUBCUTICULAR 2-0 VICRYL SUTURE AND THEN REINFORCED WITH STERI-STRIPS. A STERILE NON OCCLUSIVE DRESSING WAS APPLIED, THE TOURNIQUET DEFLATED AND HER FINGERS PINKED UP NICELY. SHE WAS TAKEN TO OUTPATIENT RECOVERY IN GOOD CONDITION.

SB

STEVE BERANEK, M.D.
DATE DICTATED: 12/19/03
DATE TYPED: 12/19/03/11:13 A.M./md